STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH (ADH)

REQUEST FOR APPLICATION

RFA-11-0013
For
Arkansas Stroke Registry

Date Issued:

June 21, 2011

Schedule of Events

Event	Date
RFA Issued	June 21, 2011
Due Date for Applications	3:00 p.m. on July 15, 2011
Completion of application reviews, recipient selection and award notices mailed	To be announced at a later date
Anticipated Sub-grant start date	August 15, 2011

Maximum Funding Level $9,500.00 (per sub-recipient)

TABLE OF CONTENTS

SECTION I: PROGRAM OVERVIEW

A. Introduction

In 2006, the latest for which mortality data are available on a national level, Arkansas ranked first in the nation for stroke mortality. On average, someone in the United States has a stroke every 40 seconds and someone dies of a stroke every three to four minutes. In 2010 it was estimated that 610,000 Americans will experience a new stroke and an additional 185,000 people will have a recurrent attack. In 2009 the direct hospital charges for stroke totaled $219 million; the average hospitalization charge for stroke was $22,325 per patient and stroke was the principal reason for over 9,800 hospitalizations, with 3.6% of adults reporting that a doctor had told them they had a stroke. This translates into an estimated 78,461 Arkansas adults.

B. Purpose

The purpose of this Request for Application is to select hospitals to participate in the stroke registry for a one year budget period.

C. Background

The Arkansas Department of Health (ADH)/Heart Disease and Stroke Prevention Section (HDSP) received grant funding in 2009 from the Centers for Disease Control and Prevention (CDC), Division of Heart Disease and Stroke Prevention, and state funding in 2010 through the Arkansas Acute Stroke Care Task Force. The purpose of this funding was to develop and implement a statewide hospital-based stroke registry, in which information concerning emergency transport, clinical evaluation, diagnosis and treatment of adult patients presenting to hospitals with an admitting diagnosis of stroke are prospectively entered into a database. This program is called the *Arkansas Stroke Registry (ASR).*

The mission of the *Arkansas Stroke Registry* is to measure, track and improve the quality of care for acute stroke patients; to decrease the rate of premature death and disability from acute stroke through secondary prevention; to increase public awareness of stroke treatment and prevention; and to reduce disparities in acute stroke care by providing underserved populations with better access to such care.

A stroke registry is important because even though hospitals collectively provide good quality of patient care, there is much room for improvement in the area of acute stroke care. Hospitals - large or small, urban or rural – can improve their processes in order to provide "defect-free" care to all acute stroke patients.

D. Available Funding

Up to $150,000 is available to fund hospitals to participate in the *Arkansas Stroke Registry* for a ten month budget period. Awards will begin on or about August 15, 2011 and end on June 01, 2012.

- Awards for the funding period will range from $5,000.00 to $9,500.00 depending on type (urban, rural, Critical Access Hospital) of hospital and budget request
- A maximum of $9,500.00 will be available for each selected applicant
- Approximately $150,000.00 is available to fund the grants during the project period
- Effective hospital applications are expected to include appropriate information as requested in this application. Other indicators of a quality application include:
    - A plan that ensures sustainability, system change, policy change and education
    - Challenges of identifying/caring for stroke patients and how participation in a registry will help reduce these challenges and improve patient care
    - Include time frames and processes to have the Get with the Guideline's (GWTG) stroke patient management tool (SPMT) operational
    - Adequately address the minimum application requirements in Section II

- **Ineligible Use of Funds**

    Funds may not be used for direct services. For example, funds cannot be used to purchase medications or testing supplies; staff out-of-state travel expenses; computers and other equipment; food for usual meetings/activities; or construction/renovation/purchase or improvement of buildings or land.

E. Participation

Hospitals may participate by applying for this grant and following the guidelines of this Request for Application (RFA). If awarded, hospitals enter into a sub-grant agreement with the Arkansas Department of Health/Heart Disease and Stroke Prevention Section. Once a hospital is enrolled, the ADH/HDSP staff and American Heart Association's Get with the Guideline's (GWTG) Program Coordinator and Outcome Science's staff will coordinate orientation and training for abstractors and/or hospital staff responsible for data entry and reporting.

The Hospital will complete, sign, date and fax to Outcome Sciences, Inc. (originals mailed) the GWTG combined Participating Hospital Agreement form. Some hospitals may already be part of the GWTG system and in this case, a new completed and signed Participating Hospital Amendment form is needed authorizing the ADH/HDSP team to access your hospital stroke data. Once agreements are authorized, the hospital becomes part of the GWTG system. When the hospital has entered a minimum of thirty (30) patient records, it becomes eligible to receive recognition as a GWTG hospital and will be among the first to have stroke patients in the *Arkansas Stroke Registry*. Note that these records may be entered into the GWTG system retrospectively. Once at least thirty (30) patient records have been entered in the GWTG Stroke Patient Management Tool (SPMT), the hospital is considered to be a GWTG hospital.

F. Schedule of Events - See Page 2

Applications must be **received** by the Issuing Officer no later than 3:00 p.m. on **July 15, 2011.**

G. Issuing Officer

This RFA is issued by the State of Arkansas/ADH Issuing Officer.

Although communications regarding protests are permitted in accordance with Arkansas Code Annotated (ACA) §19-11-244, from the issue date of this RFA until a successful respondent is selected and announced, respondents shall limit all other communications with any state staff about this or a related procurement to the RFA Issuing Officer. All questions and requests for clarification should be addressed to the following Issuing Officer:

> Tim Smith, CPPB (RFA-11-0013)
> Branch Chief Procurement/Support Branch
> Arkansas Department of Health
> 4815 West Markham, Slot H58
> Little Rock, Arkansas 72205
> Phone: 501-280-4573
> Email: timothy.w.smith@arkansas.gov

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

- Arkansas licensed hospitals in good standing with the Arkansas Hospital Association
- Urban and Rural Community Hospitals
- Critical Access Hospitals (CAH)

B. Training

- Applicants identified to receive funds through this announcement will be required to complete assigned trainings and/or webinars throughout this grant period. Such as:
    - Orientation on using the online Get with the Guideline's (GWTG) Stroke Patient Management Tool (SPMT).
    - GWTG webinars and educational trainings
    - Other trainings as determined by ADH

C. Application Information

- Applications must contain the hospital's work plan goals for participating in the *Arkansas Stroke Registry* for the sub-grant period
- Applications must contain a detailed budget and justification for expenditures to participate in the *Arkansas Stroke Registry*
- Applications must contain a roster of staff responsible for implementing the process for participating in the *Arkansas Stroke Registry*

D. Provider Deliverables

- Participate in the ADH *Arkansas Stroke Registry (ASR)* program by abstracting and reporting data defined by the Get with the Guideline's (GWTG) Stroke Patient Management Tool (SPMT)
- Develop and implement a work plan for entering data, reporting, improving system of patient stroke care, scheduling stroke team meetings and other processes necessary to meet stroke registry goals
    - Enter at least thirty (30) stroke patients' records (within the first year) into the SPMT (required fields only). This counts as baseline data, and also counts as the official point at which a hospital is considered to be "participating" in the GWTG Program. Baseline data (30 records) must be entered in the tool by June 2012 (this baseline data may be up to 12 months old)
- Abstract and enter patient data as requested by the ASR Program Manager on a patient within three (3) months following the patient's discharge date into the ADH ASR database
    - Note that the GWTG Program software is able to interface with the following information technology systems: MIDAS, Quantros, Heartbase, and the Quality Indicator Project. Participating hospitals may transmit data through one of these systems without having to manually type the data into the GWTG Stroke Patient Management Tool. If the provider wishes to transmit data to the *Arkansas Stroke Registry* through a different software vendor than previously listed, the provider would need to use Outcome's "CSV Uploader". This involves building an upload file exactly according to the GWTG uploader specifications.
- Make corrections to data as requested by the ASR team based on quarterly data error reports (4 per year) provided by the ASR Program Manager. These reports will be provided by the ASR Program Manager and the provider is expected to make the desired corrections within 28 days of receipt of data error reports. In addition, as requested by the ASR Program Manager, periodic small data checks will occur outside of the quarterly reports and the provider is asked to make the appropriate corrections within 28 days of receipt of these requests. For quality assurance purposes, providers agree to allow the ASR Program Manager to conduct chart abstraction of a sample of cases entered into the database by the provider. This will occur when the ASR Program Manager accesses the provider's medical record system in-person, or when the ASR Program Manager accesses the system through secure remote access. This process will take place at least once and no more than twice per calendar year. The ASR staff agrees to abide by all data privacy provisions and principles according to State of Arkansas statutes and federal regulations
- For quality improvement, commit grant resources towards:
    - Forming a planning team, committed to meeting on at least a bi-monthly basis to assess the quality of stroke treatment and care at their facility;
    - Using data to inform process improvement decisions;
    - Developing and implementing improvement initiatives and/or system and/ policy change processes related to stroke treatment and care

E. Application Format

Please see Section III-E for instructions for each of these components.

- One page application form
- Project narrative
- Project budget
- Minimum of two (2) Letters of support/commitment
- Information about Stroke registry staff and or team including credentials, position and contact information

SECTION III: INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Applicants are required to:
- Fill out the grant application cover sheet (See Appendix 2) including the name, address, telephone number and email of the fiduciary for the project as well as the person who will coordinate the project

- Complete a brief <u>project narrative</u> including the following information:
  - Provide the hospitals' work plan and goals for participating in the *Arkansas Stroke Registry* and timeframe to be ready for participation
  - Description of hospital type, number of beds, and current number of stroke patients
  - Demographics of the area the applicant serves (population, potential growth, awards/recognitions, other pertinent information)
  - Explanation of the hospital's need for funding to develop the patient registry and participate in the Arkansas Stroke Registry. Need is supported by hospital data (i.e. availability of staff to perform data abstraction) and budget constraints
  - Explanation of the hospital's plan to sustain participation in the *Arkansas Stroke Registry* in future years

- Include an <u>itemized budget with justification</u> containing estimated costs with a clear description of items and how they will be used to achieve the project's work plan and intended outcomes (See Appendix 1 for a sample budget plan). Allowable items include, but are not limited to the following:
  - Office supplies such as postage, printing, paper for registry interventions
  - Local radio or newspaper advertising to promote stroke care, signs and symptoms of a stroke and to call 9-1-1
  - In-state travel expenses to attend sub-grant trainings and stroke conferences
  - Staff replacement time to attend in-state stroke meetings
  - Stroke registry meetings and/or speaker expenses for stroke team/staff, CME/CEU's related to stroke trainings/education
  - Stroke patient educational materials/pamphlets
  - Extra-help or *locum tenens* for chart abstractions and data entry for stroke population, and other expenses associated with patient data entry and stroke registry implementation

- Include a minimum of <u>one (1) letter of support</u> from key staff such as a physician champion or CEO **and** one <u>(1) letter of support</u> from partners, ambulance service or other key supporters.
- <u>Stroke registry staff and or team information</u>, including contact information and resumes of key staff: project coordinator, fiduciary agent, and others serving in advisory capacity

B. Submission Deadline

Applications must be received by the Issuing Officer by 3:00 p.m. on July 15, 2011. **Applications received after this date and time <u>will NOT be accepted</u> and will be returned to the applicant.**

C.   Where to Mail or Deliver Applications

Application must be clearly marked on the outside of the package with **RFA-11-0013** and mailed to the following address:

> Arkansas Department of Health,
> Procurement Branch
> Attention: Tim Smith, CPPB
> 4815 W. Markham St. Slot 58
> Little Rock, AR 72205 -3867

For applications to be hand delivered use the following address:

> Tim Smith, CPPB
> Procurement Branch
> 4815 West Markham Street, Room L163
> Little Rock, AR 72205

D.   Number of Copies and Application Format

Applicants must provide a signed original (marked **ORIGINAL**) and five (5) copies. All pages should be numbered.

E. Application Checklist

All applications must be received no later than 3:00 p.m. on July 15, 2011. Please submit 1 original and 5 copies of each application. The following documents are required in order for your application to be considered. Please confirm that all documents are included before sending your application packet:

- One page application form (see Appendix 2)
- Project narrative – no more than 10 pages
    - Use Times New Roman, 12 point font, double spaced pages
- Project budget –(see Appendix 1 Example)
- Minimum of 3 Letters of support/commitment
- List of support staff for participating in the *Arkansas Stroke Registry*; include staff credentials, position and contact information
    - indicate the staff team leader
    - include resumes for your key team members

F. Budget Example (See Appendix 1)

Include an itemized budget of estimated costs, including a clear description of items and how they will be used to achieve the project's work plan and intended outcomes.

Examples of allowable items include, but are not limited to:

- Office supplies such as postage, printing, paper for registry interventions
- Local radio or newspaper advertising to promote stroke care
- In-state travel expenses to attend sub-grant trainings, stroke conferences
- Stroke registry meetings and/or speaker expenses for stroke team/staff, CME/CEU's related to stroke trainings/education (ex. Arkansas SAVES Stroke Conference)
- Stroke patient educational materials/brochures
- Computer software needed to upgrade to support the registry
- Extra-help for chart abstractions and data entry for stroke population, and other expenses associated with patient data entry and stroke registry implementation.

SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS

A. Review for Compliance with RFA Requirements

Applications will be date and time stamped upon receipt, and must be received by the Issuing Officer on or before the deadline. <u>Omission of any required document or form, or failure to respond to any requirement, may lead to rejection of the application prior to the review.</u>

B. Evaluation and Scoring

Each application will be evaluated and scored by a review committee on a scale of 0 to 100 total possible points.

C. Points Assignments

Criteria	Maximum Points Possible
1. Need	20 Points
2. Hospital Description/Implementation Plan	35 Points
3. Hospital Administrator/Partners/Physician/Ambulance/Staffing Support Description and Letters of Support (2)	25 Points
4. Budget and Justification	20 Points
Total Points Possible	**100 Points**

1. Need

The application must show the need for funding to develop the patient registry and participate in the *Arkansas Stroke Registr*y. Need is supported by hospital data (i.e. availability of staff to perform data abstraction) and budget constraints.

2. Hospital Description/Implementation Plan

The application includes a clear methodology to develop and sustain the hospitals' participation in the *Arkansas Stroke Registry.* Describes how participating in the *Arkansas Stroke Registry* will impact stroke quality of care and how the hospital will be furthered and/or enhanced through the grant. It should include a logical process for evaluating achievement and successes of the project.

3. Hospital Administrator/Partners/Physician/Ambulance/Staffing Support

Provide a description of hospital administrators, physicians, staffing, partners, ambulance and other collaborative support for participating in a stroke registry and describe the type of support. Include a minimum of two (2) letters of support describing their support/role for your application.

4. Budget and Justification
The budget and justification must be clear and directly relate to the plan described in the narrative and the example given.

D.   Award Notifications

Award notifications will be processed at a later time yet to be announced.

E.   Type of Award/Reimbursement

Once awarded, funds will be distributed through the sub-grant process of the Arkansas Department of Health. This is a reimbursement process.

Reimbursement requests must be submitted to the Arkansas Department of Health/Heart Disease and Stroke Prevention Section by the 25th of the month for expenditures made during the previous month. No funds will be advanced.

Reimbursable expenditures will be reimbursed as long as expenditures follow the budget guidelines that were submitted in the grant application. Approval must be received from the ADH budget coordinator to move funds from one funding category to another. **The grant award funds must be obligated and invoiced before June 01, 2012.**

Example Budget Format *(not limited to these examples)*

Activity	Justification	Amount Requested
Travel • Mileage, per diem, lodging • In-state stroke conference • (Arkansas SAVES Annual Conference in Little Rock)	300 miles x $.42 mi. x 3 staff =$378.00 Lodging x 3 staff x $100.00 per night x 2 nights = $600.00 Meals/per diem x 3 staff x $46.00 per day x 2 days = $276.00	$1,254.00
Office Supplies • Computer Software (Internet browser upgrade) • GWTG Patient Management Tool licensing	GWTG Stroke Module PMT 1 x $1,800.00 ea.=$1,800.00 Internet software upgrade for 2 computers @$300.00 ea. =$600.00	$2,400.00
Educational Materials/Etc. • (Items not included in the supplies categories) • AHA patient post care stroke pamphlets	1,200 pamphlets @ $ 0.50 ea. = $600.00	$600.00
Advertising/Promotion • Local radio or newspaper • Radio/print ads for hospital • Stroke warning signs & symptoms • Other related stroke media campaigns or services	Print ads to run 1 day per week x 4 weeks @ $100.00 per ad = $400.00 10 radio spots to run during May, American Stroke Month, @ $35.00 per spot for 4 weeks = $1400.00	$1,800.00
Extra Help or Staff Replacement time • Chart abstractions/data entry	Extra help/abstractors to establish patient registry and do chart abstractions. 2 staff @ $20.00 per hour x 45 hours = $1,800.00	$1,800.00
Meeting Expenses • Speaker expenses/honorarium • Monthly QI stroke team meetings to discuss progress and/or improve stroke registry process and patient care • Guest speaker honorarium for a stroke forum to be held during the grant period	Meals for 10 QI stroke meetings x 8 staff x $10.00 per meal =$800.00 Honorarium for Dr. John Doe, M.D. Neurologist, UAMS SAVES Program = $500.00	$1,300.00
Other Expenses		
TOTAL BUDGET Requested		**$9,154.00**

RFA-11-0013
Arkansas Stroke Registry Request for Application
Arkansas Department of Health
Heart Disease and Stroke Prevention Section
Anticipated Project Period August 15, 2011 – June 01, 2012

LEGAL APPLICATION					
Name of Hospital					
Address					
City					
State		Zip		County	

PROJECT MANAGER 1			
Name		Title	
E-mail		Department	
Phone		Fax	
Signature		Date	

PROJECT MANAGER 2			
Name		Title	
E-mail		Department	
Phone		Fax	
Signature		Date	

FIDUCIARY AGENT			
Name		Title	
E-mail		Department	
Phone		Fax	

	Amount Requested	
Project Start Date	Project End Date	June 01, 2012

_____   _____
Authorized Signature (Ink)   Title

<u>Arkansas Department of Health's Stroke Registry Benefits</u>

- **Data collection tool and analysis.** Use of the secure online data entry tool of the American Heart Association's Get with the Guidelines (GWTG), Stroke Patient Management Tool (SPMT). The cost of the GWTG- SPMT is available free to new enrollees for hospitals participating in the *Arkansas Stroke Registry*.

- **Data analysis, interpretation, and translation support**. The Arkansas Department of Health will provide reports on performance indicators and conduct other data analysis upon request.

- **Real-time Performance Comparisons.** Compare your performance measure data to other Arkansas hospitals and hospitals nationwide.

- **Funding.** The *Arkansas Stroke Registry* will provide limited grant funds to reimburse hospitals for their participation in quality improvement and data collection efforts.

- **Recognition.** The *Arkansas Stroke Registry* in collaboration with the American Heart Association GWTG Program will recognize hospitals that perform well on quality indicators.

  Assist with Joint Commission certification. Participation in the *Arkansas Stroke Registry* will enable you to collect data required to receive and maintain Primary Stroke Center certification with the Joint Commission. While there are other requirements for certification, collecting this data will help facilitate this process.

- **Opportunity to help improve patient care**. The *Arkansas Stroke Registry* program staff works with hospitals to improve the systems that support physicians, nurses, and all of the health care professionals involved in acute stroke patient care. Patients will ultimately be the beneficiaries – in other words, wherever a patient goes for his or her acute stroke care, he or she will be assured of receiving the highest quality of care available.